



West Virginia Real Estate Appraiser Licensing and Certification Board

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Request for Inactive Status—Return ONLY if Requesting Inactive Status

The Request for Inactive Status must be returned with the Renewal Application before your license will be placed on Inactive Status for the 2015-2016 Renewal Period.

License or Certification No: _____ **Social Security:** _____

Name as it Appears on License

Last Name: _____ First: _____ Middle: _____

Roster Contact Information

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Effective _____ (date), I _____

hereby request to have my license or certification placed in an inactive status pursuant to the rules of W.Va. Code R. 190-2 and 190-3:

1. I am in good standing and am not the subject of a pending complaint or disciplinary action.
2. I am not an apprentice.
3. I may not engage in the practice of real estate appraisal as an inactive status certificate holder or licensee.
4. I may remain on inactive status for no more than five (5) years if I pay the annual fee for inactive status.
5. I may reactivate my unexpired license or certification by:
 - A. Paying the reactivation fee established by the board for the license or certification;
 - B. Submitting documentation that I have completed the current seven (7) hour USPAP update course and, for each licensure year of inactive status, all other continuing education required by W.Va. Code R. 190-3, "Renewal of License or Certification."
 - C. Submit to, and pay for the actual costs of, a state and national criminal history record check for the purpose of determining whether I have been charged with, indicted for, or convicted of a crime that may bear upon my fitness to hold a license.
6. If I allow my certificate or license to exceed an inactive period of five (5) years, I shall be required to meet all of the requirements for original issuance of a license or certificate under this rule.

I certify and affirm the above information is accurate and true.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____